



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: SCHNECK MEDICAL CENTER (JACKSON COUNTY)

City of Hospital: Seymour

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Debbie Mann

Email Address: dmann@schneckmed.org

Medicare Provider Number: 150065

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$71223885
Outpatient Patient Service Revenue	\$358898349
Total Gross Patient Service Revenue	\$430122234

2. Deductions From Revenue

Contractual Allowance	\$246751907
Other Deductions	\$5515633
Total Deductions	\$252267540

3. Total Operating Revenue

Net Patient Service Revenue	\$177854694
Other Operating Revenue	\$2697196
Total Operating Revenue	\$180551890

4. Operating Expenses

Salaries and Wages	\$71391466	Employee Benefits	\$18179916
Depreciation and Amortization	\$10076038	Interest Expense	\$722558
Bad Debt	\$13700469	Other Expenses	\$56793133
Total Operating Expenses	\$170863580		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9688310	Total Assets	\$413292043
Net Non-operating Gains over Loss	\$16796654	Total Liabilities	\$54840784

Total Net Gains	\$26484964
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$180346835	\$131131744	\$49215091
Medicaid	\$65673199	\$42604669	\$23068530
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$184102200	\$78531127	\$105571073
Total	\$430122234	\$252267540	\$177854694

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$80382	\$239986	\$-159604

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$20191	\$-20191
Community Education	\$78164	\$55433	\$22731

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$5515633
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1451370	
HCI Payments	\$0		
Subtotal	\$0	\$1451370	\$-1451370
Medicaid Shortfalls	\$3575409	\$4895434	
Subtotal	\$3575409	\$6346804	\$-2771395
DSH Payments	\$3,741,646		
Subtotal	\$7317055	\$6346804	\$970251
Medicare Shortfalls	\$18177313	\$28801856	
Other Government Programs	\$0	\$0	
Total	\$25494368	\$35148660	\$-9654292

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$12336046	\$16828911	\$-4492865

Comments

Added new practices to "Other Allocations" Revenue and Expenses.

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